

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 / 17

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Jim Clyburn**A.** Full Name (Last, First, Middle Initial)
Williamsburg County Democratic Party

Mailing Address RR 4 Box 295

City State Zip Code
Kingstree SC 29556-9804Purpose of Disbursement
Transfer of Excess Campaign FundsCandidate Name
Williamsburg County Democratic PartyOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D3910

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

Amount of Each Disbursement this Period

3000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.** Full Name (Last, First, Middle Initial)
LARRY KISSELL FOR CONGRESSMailing Address P.O. Box 1530
PO BOX 1530City State Zip Code
Biscoe NC 27209Purpose of Disbursement
Contribution NC-H-GeneralCandidate Name
Larry KissellOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 08

Transaction ID: D3925

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.** Full Name (Last, First, Middle Initial)
SC Leukemia SocietyMailing Address 107 Westpark Boulevard
Suite 150City State Zip Code
Columbia SC 29210Purpose of Disbursement
Donation (Annual Fundraiser)

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D3921

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	8

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5250.00

TOTAL This Period (last page this line number only)